

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000033534

**Entity Name:** PURPLE HAT PRODUCTIONS LLC

**Current Principal Place of Business:**

C/O PAUL LEVINE  
PO BOX 907  
LIVE OAK, FL 32064

**Current Mailing Address:**

C/O PAUL LEVINE  
PO BOX 907  
LIVE OAK, FL 32064 US

**FEI Number:** 46-2148959

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVINE, PAUL A  
C/O PAUL LEVINE  
PO BOX 907  
LIVE OAK, FL 32064 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEVINE, PAUL A  
Address PO BOX 907  
City-State-Zip: LIVE OAK FL 32064

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL LEVINE

MGRM

01/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date